SHORT TERM COVERAGE CHECKLIST FOR CODE 78

IDENTIFY POLICY & CERT PAGE #, OR LOCATION, OF BENEFIT WITHIN FORM SUBMISSION

62A.65 Individual Market Regulation

Subd. 7 Short-Term Coverage

♦ Subd 7-(a) (1) Is issued to provide coverage for a period of 185 days or less, with certain exceptions.

♦ Subd 7 (a) (2) Is nonrenewable, and subject to a maximum not to exceed a total of 365* days out of any 555-day* period, (plus any additional days covered as a result of hospitalization on the day that a period of coverage would otherwise have ended).

- The 365-day coverage limitation provided in paragraph (a) applies to the total number of days of short-term coverage that covers a person, regardless of the number of policies, contracts, or health carriers that provide the coverage.

- Short-term coverage issued in violation of the 365-day limitation is valid until the end of its term and does not lose its status as short-term coverage, in spite of the violation. A health carrier that knowingly issues short-term coverage in violation of the 365-day limitation is subject to the administrative penalties otherwise available to the commissioner of commerce or the commissioner of health, as appropriate.

♦ Subd 7 (3) Does not cover any preexisting conditions, including ones that originated during a previous identical policy or contract with the same health carrier where coverage was continuous between the previous and the current policy or contract; and

♦ Subd 7 (4) Is effective immediately

♦ Subd. 7 (4) (b) Is available with an immediate effective date without underwriting upon receipt of a completed application indicating eligibility under the health carrier's eligibility requirements, provided that coverage that includes optional benefits may be offered on a basis that does not meet this requirement.

♦ Denotes a mandate for which a specific contractual reference is required.

Subd. 7 (4) (c) Rate Requirements

♦ Subd. 7 (4) (d) A written application for short-term coverage must ask the applicant whether the applicant has been covered by short-term coverage by any health carrier within the 555 days immediately preceding the effective date of the coverage being applied for.

Subd. 7 (4) (e) Insured may receive credit for time spent on other plans.

[*Amended in 2003, 1st Special Session, Chapter 14, Effective 6/6/2003]

60A.08 Contracts Of Insurance.

Subd. 5 Signatures Required

The signatures may be facsimile signatures and may be placed in brackets [ ] designating a "variable" item.

62A.03 General Provisions Of Policy (Applicable To Individual)

All individual policies of accident and sickness insurance as defined in 62A.01, Subd 1.

Subd. 1 Conditions

(1) Premium

(2) Time effective

(3) One person

(4) Appearance

(5) Description of policy

(6) Exceptions in policy

(7) Form number

♦ Denotes a mandate for which a specific contractual reference is required.

Each form, including riders and endorsements, is identified by a form number in the lower left hand corner of the first page thereof.

(8) No incorporation by reference

(9) Medical benefits

(10) Osteopath, optometrist, chiropractor, or registered nurse services.

Recognize as a physician, an osteopath, optometrist, chiropractor, and RN.

62A.04 Standard Provisions

Subd. 2 Required Provisions

Subd. 3 Optional Provisions

(11) Narcotics

The optional provision excluding "Narcotics" does not include "Alcohol".

62A.0411 Maternity Care

Maternity benefits must include coverage of a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean section for a mother and her newborn.

62A.042 Family Coverage; Coverage Of Newborn Infants

- Notice requirements prohibited.
- If dependents are covered, the policy or contract must include as insured or covered family members or dependents any newborn infants immediately from the moment of birth and thereafter which insurance or contract shall provide coverage for illness, injury, congenital malformation, or premature birth.
- If dependents are covered, the coverage must include benefits for inpatient or outpatient expenses arising from medical and dental

treatment up to age 18, including orthodontic and oral surgery treatment, involved in the management of birth defects known as cleft lip and cleft palate.

62A.043 Dental Procedures And Coverage Of Podiatry

Subd. 1 Applies To Group & Individual Coverage

Subd. 2 Recognizes Physician, Dentist & Podiatrist

Subd. 3 Requires Coverage for Surgical & Non-Surgical Treatment of TMJ Disorder and Craniomandibular Disorder

62A.044 Payments to Governmental Institutions

Policy must pay for covered benefits when treatment is received from a government hospital or medical institution. (See also 62A.081)

62A.047 Children's Health Supervision Services And Prenatal Care Services

Policies must provide coverage for children health services and prenatal care without a deductible, copayment, or other coinsurance or dollar limitation requirement. Children health services means pediatric preventive services including immunizations, developmental assessments and laboratory services from birth to age six.

62A.048 Dependent Coverage

62A.095 Subrogation Clauses Regulated

62A.096 Notice To Insurer Of Subrogation Claim Required

62A.14 Handicapped Children

62A.141 Coverage For Handicapped Dependents

62A.146 Continuation Of Benefits To Survivors

Short-term individual coverage does not provide conversion rights.

62A.149 Benefits For Alcoholics And Drug Dependents

Also review 62Q.47 for the required increase in mandated benefits.

62A.15 Coverage Of Certain Licensed Health Professional Services

See chiropractic advisory note]

62A.151 Health Insurance Benefits For Emotionally Handicapped Children

62A.152 Benefits For Ambulatory Mental Health Services

Also review 62Q.47 for the required increase in mandated benefits.

62A.153 Outpatient Medical And Surgical Services

62A.155 Coverage For Services Provided To Ventilator-Dependent Persons

62A.20 Continuation Coverage Of Current Spouse And Children

Short-term individual coverage does not provide conversion rights.

62A.21 Continuation Privileges For Insured Former Spouses And Children

Short-term individual coverage does not provide conversion rights.

62A.25 Reconstructive Surgery

[We look for wording that includes that a functional defect as determined by the attending physician is the standard for coverage]

62A.26 Coverage for Phenylketonuria Treatment (PKU)

62A.265 Coverage for Lyme Disease

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62A.27 Coverage Of Adopted Children

62A.28 Coverage For Scalp Hair Prostheses

62A.30 Coverage For Diagnostic Procedures For Cancer

62A.301 Coverage Of Full-Time Students

Policies that cover dependents beyond the limiting age based on full-time student status must include in its definition of full-time student, any student who by reason of illness, injury or physical or mental disability as documented by a physician is unable to carry what the educational institution considers a full-time course load so long as the student's course load is at least 60% of what otherwise is considered by the institution to be a full-time course load.

62A.302 Coverage of Dependents

The definition of dependent can be no more restrictive than that found in Minn. Stat. §62L.02.

62A.304 Coverage For Port-Wine Stain Elimination

62A.307 Prescription Drugs; Equal Treatment Of Prescribers

62A.308 Hospitalization And Anesthesia For Dental Procedures

62A.309 Breast Cancer Coverage

62A.3091 Non-Discriminate Coverage Of Tests

62A.3092 Equal Treatment Of Surgical First Assisting Services

62A.3093 Coverage For Diabetes

62E.04 Offer Of A Qualified Plan

62E.05 Label Of A Qualified/Non-Qualified Plan

62Q.107 Prohibited Provision; Judicial Review

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62Q.185 Guaranteed Renewability In The Large Employer Group Health Market

62Q.47 Mental Health And Chemical Dependency Services

If coverage is provided for mental health or chemical dependency services, it must be covered the same as any other benefit.

62Q.50 Prostate Cancer Screening

62Q.51 Point-Of-Service Option

62Q.52 Direct Access To OB/GYN

62Q.525 Coverage For Off Label Drug Use

62Q.53 Mental Health Coverage; Minimum Standards For "Medically Necessary Care"

62Q.55 Emergency Services

62Q.58 Access To Specialty Care

62Q.65 Access To Provider Discounts

62Q.67 Disclosure Of Covered Durable Medical Equipment

62Q.68-73 Dispute Resolution Process Requirements

COB Rules Group Coverage Cannot Coordinate With Individual Or Family Coverage

Minn. Rule 2742.0200

72A.20 Regulation Of Trade Practices

Subd. 15 Practices Not Held To Be Discrimination Or Rebates

♦ **Denotes a mandate for which a specific contractual reference is required.**

(4) Preferred Provider Organizations defined

(a) The name which the arrangement intends to use and its business address;

(b) The name, address, and nature of any separate organization which administers the arrangement on the behalf of the insurers; and

(c) The names and addresses of all providers designated by the insurer under this clause and the terms of the agreements with designated health care providers.

72A.51 & 72A.52 Right To Cancel (Individual Only)

The caption "RIGHT TO CANCEL" or alternatively acceptable "RIGHT TO EXAMINE AND CANCEL" and the statutory language must be printed on the contract and comply with the statutory time frames for cancellation and return of premium. The printed notice may not be stapled, pinned, or rubber-stamped. However, if necessary we will accept a printed sticker which will completely cover the non-compliant language.

REQUIREMENTS FOR INDIVIDUAL HEALTH COVERAGE

62A.04 Standard Provisions

Subd. 3 (11) Narcotics

Provisions that exclude alcohol related injuries are not permitted by this law.

62A.65 Individual Market Regulation

Subd. 3 Premium Rate Restrictions

Subd. 4 Gender Rating Prohibited

Subd. 5(a) Portability

♦ **Denotes a mandate for which a specific contractual reference is required.**

Exclusions allowed in a short-term policy, Credit For Prior Qualifying Coverage

Rate Requirement

62A.02 Health Care Policy Rates

For health, we require proof of a reasonable loss ratio. Insurers must forward an actuarial memorandum.

62A.65 Individual Market Regulation

Subd. 7 Short-term Coverage

(c) A health carrier may combine short-term coverage with its most commonly sold individual qualified plan, as defined in section 62E.02, other than short-term coverage, for purposes of complying with the loss ratio requirement.

A written application for short-term coverage must ask the applicant whether the applicant has been covered by short-term coverage by any health carrier within the 365 days immediately preceding the effective date of the coverage being applied for.